U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it dynamics availed OMB control number. Substitute for Form PTO-875 CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA BASIC FEE RATE P7 CFR 1,15(a)) RATE TOTAL CLAIMS OR P7 CFR.1.16(c)) minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR the difference in column 1 is less than zero, enter  $oldsymbol{ ilde{V}}$  in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Cotumn 1) (Column 2) OTHER THAN (Column 3) SMALL ENTITY OR CLAMS SMALL ENTITY HIGHEST REMAINING . NUMBER PREVIOUSLY PRESENT. AFTER RATE ADDI-TIONAL EXTRA RATE ADOI-PAID FOR · Fotal FEE FEE Independent (IF CFR 1,16(b)) ×150 OR JOO *2*0E FIRST PRESENTATION OF MATTPLE GEPENDENT CLAIM (1)7 CFR 1.18(47) OR +.360 OR TOTAL ADD'L FEE OR ADD'L FEE

| 8       |                               | CLAMS                           | T        | HIGHEST                | (Column 3)       |           |                 |       |                    |                 |
|---------|-------------------------------|---------------------------------|----------|------------------------|------------------|-----------|-----------------|-------|--------------------|-----------------|
| Ē       |                               | REMAINING<br>AFTER<br>AMENDMENT | :        | PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE      | ADOI-<br>TIONAL |       | RATE               | ADDI-<br>TIONAL |
| 중       | Total<br>(22 CFR 1.10(c))     | •                               | Minus    | -                      | •                | 16        | FEE             |       |                    | FEE             |
| AMENDME | Independent<br>OF CFR 1.15(0) | •                               | Minu     | -                      | •                | 1:43      |                 | OR    | x= 50              |                 |
| ₹       | FIRST PRESENT                 | ATION OF MULTIPLE               | P DEEDON |                        | L                | H LU      | · ·             | OR    | x4:100             | •. •            |
|         |                               |                                 |          | SIT CLASS (37 CF       | +2/8/4           |           | OR              | +.360 |                    |                 |
|         |                               |                                 |          |                        |                  | ADD'L FEE |                 | OR    | TOTAL<br>ADD'L FEE |                 |
|         | -                             | (Coturn 1)                      |          | (Column 2)             | (Column 3)       |           |                 | •     | •                  |                 |
| ပ       |                               | CLAIMS                          |          | HIGHEST                |                  |           |                 |       |                    |                 |

| O  |  | CLAIMS                          |        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | (Column 3)       |             |                 |      |       |                   |  |
|--|--|---------------------------------|--------|---|------------------|-------------|-----------------|------|-------|-------------------|--|
| <b>JENT</b>                                  |  | REMAINING<br>AFTER<br>AMENDMENT |        |   | PRESENT<br>EXTRA | RATE        | ADDI-<br>TIONAL |      | RATE  | ADDI-<br>TIONAL   |  |
| á  | Total<br>CFR 1.15(ch)  | 1                               | Minus  | -   | -                | <del></del> | FEE             |      |       | PEE               |  |
| 8  | trdependent<br>(FF CFR 1.16(4)                               | •                               | Alirus | -   | -                | * 05        |                 | QR   | x:50. |                   |  |
| : ξ  |  | استسيا                          | لببا   | السبية أ                                    |                  | J## 100     |                 | OR.  | אמויי |                   |  |
| _]   | FIRST PRESENTATION OF MATPLE DEPENDENT CLAIM (D7 OFR 1.1680) |                                 |        |   |                  |             |                 |      |       | The second second |  |
|  |  |                                 |        |   | TOTAL            |             | OR              | +300 |       |                   |  |
| * If the entry in coheren 4 is been then the |  |                                 |        |   |                  | ADDL FEE    | ·               | 00   | TOTAL | •                 |  |

A NOTIFICATION OF THE PARTY OF

ENDMENT

If the entry in column 1 is less from the entry in column 2, write, W in options 3.

If the "Highest Number Previously Paid For" Bi THIS SPACE is less float 20, enter 20".

If the "Highest Number Previously Paid For" Bi THIS SPACE is less float 3., enter 20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest purpose found in the appropriate box in column 1.

The Highest Number Previously Paid For" (Total or Independent) is the highest purpose found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the ISPTO to process) on application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application forms to be USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supportion for reducing this travelent, should be sent to the Chel Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22713-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22713-1450. This collection of information is require